

## **Technical Exhibit C-5.2.1**

### **“Application Forms”**

#### TE C-5.2.1 Application Forms

1. Separation Authorization for Physical Disability Retirement
2. Spreadsheet from VA transmission authorizing payment for Special Compensation for Certain Severely Disabled Retires
3. NOAA Memorandum for retirement
4. Coast Guard & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election CG HRSIC-4700
5. Claim for Final Retired Pay CG HRSIC-3867
6. Application for Annuity Certain Military Surviving Spouses DD Form 2769
7. Transitional Compensation for Abused Victims- Commandant G-WKW
8. Application for Annuity Under The Survivor Benefit Plan (SBP), Reserve Component Survivor Benefit Plan (RCSBP), Retired Serviceman's Family Protection Plan (RSFPP) and/or Final Retired Pay Due CG HRSIC-1884 with letter
9. Application for Former Spouse Payments From Retired Pay DD Form 2293

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGHRMS Generated		SEPARATION AUTHORIZATION		
Emplid:	Name:	Rank: FN	Effective Date: 11/22/2002	Member Submit: 10/21/2002
Deptid: 005770	Dept Name: YORKTOWN OPS TRNG BR		Last Day of Active Duty: 11/21/2002	
Request Type: Retirement		Request Status: Approved	Request Source: Headquarters	
Entered By:			Date: 10/25/2002	

#### SEPARATION INFORMATION

Article/Law: 10-1201 Permanent Physical Disability	
Sep/Ret Type: Permanently Retired By Reason of Physical Disability	
DD 214: SFJ Disability, permanent	
Character of Service: Honorable	Pay Type Code:

This separation action has been authorized based on a CGPC-EPM written decision and is issued by F. Asst. Chief, Advancement and Separation Branch, Chief, Separation Section - By direction of Commander, Coast Guard Personnel Command.

The Commander, Coast Guard Personnel Command approved the findings of the Central Physical Evaluation Board that you are unable to perform the duties of your grade by reason of permanent physical disability amounting to 30 per centum and that you be permanently retired in accordance with Title 10, U. S. Code, Chapter 61.

You shall detach from all duties effective the day prior to retirement and proceed to home of selection in connection with retirement as per paragraph U5130, JFTR. SPD Code (SFJ) applies. Allowances, including travel for dependents, are authorized as per JFTR. Commanding officer will forward a copy of member's DD Form 214, pay and travel entitlements prior to the first day of retirement as indicated above.

The Coast Guard Human Resources Service & Information Center (HRSIC-RAS) will e-mail a retirement package to your CG global e-mail account. The retirement certificates and pin will be mailed to your unit prior to your retirement ceremony. Please contact the Work-Life staff for a list of the dates for Transition, Relocation and Retirement Seminars.

On behalf of the Commander, Personnel Command, we wish to express our appreciation for your faithful service. May you have a fulfilling retirement and best of luck in your future endeavors.

# VA Spreadsheet Interchange

SSN	NAME	OLD				NEW			
		VA %	VA AMT	NET	TAX EXC	VA AMT	NET	TAX EXC	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	
080		100.00	20.08	20.08	0.00	125.00	45.45.08	0.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
080		100.00	100.00	100.00	0.00	125.00	125.00	0.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
100		300.00	300.00	300.00	200.00	325.00	325.00	225.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
090		200.00	200.00	200.00	200.00	225.00	225.00	225.00	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	
090		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
080		100.00	100.00	100.00	0.00	125.00	125.00	0.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	
080		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
090		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
080		100.00	100.00	100.00	0.00	125.00	125.00	0.00	
080		100.00	100.00	100.00	0.00	125.00	125.00	0.00	
080		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
080		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
090		200.00	200.00	200.00	200.00	225.00	225.00	225.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	
080		100.00	100.00	100.00	0.00	125.00	125.00	0.00	
080		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
080		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
090		200.00	200.00	200.00	200.00	225.00	225.00	225.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
100		300.00	300.00	300.00	300.00	325.00	325.00	325.00	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	
080		100.00	100.00	100.00	100.00	125.00	125.00	125.00	



UNITED STATES DEPARTMENT OF COMMERCE  
National Oceanic and Atmospheric Administration  
OFFICE OF MARINE AND AVIATION OPERATIONS  
Silver Spring, Maryland 20910

JUN 26 2002

MEMORANDUM FOR: Captain NOAA

FROM: Rear Admiral Evelyn J. Fields, NOAA  
Director, NOAA Corps **By Direction**

SUBJECT: Retirement

I have approved your transfer to the retired list in the grade of captain under the provisions of 33 U.S.C. 8530 on January 1, 2003, subject to your being found physically qualified. Further, I have approved your request for terminal leave commencing November 3, 2002 through December 31, 2002. This action is taken with the full appreciation of the value of your service to NOAA and the NOAA Corps.

In accordance with the provisions of NOAA Corps Regulations Chapter 3, Part 1, you should arrange for the required pre-retirement physical examination. If you have had a physical within six months of your retirement, you have the option to provide Commissioned Personnel Center (CPC) a statement that your physical condition has not changed since your last physical. Should you take the physical, present a copy of the attached memorandum showing various tests to be included. This medical report should be received by CPC not later than October 1, 2002 to assure that there are no delays in your retirement. Upon receipt of the medical report in this office, it must be referred to our medical advisor in the U.S. Public Health Service for evaluation.

Attached is information pertaining to the Survivor Benefit Plan. Also, please inform us of the mailing address to be used after your retirement.

The U.S. Coast Guard is responsible for our retired officers' accounts. You are entitled to allotments as indicated on the reverse side of the Retiree Allotment Authorization Form. Also attached is an information sheet showing other forms to be returned to CPC prior to your retirement. State income taxes can be withheld for certain states. The Commissioned Payroll Unit can tell you if your state is one, should you want to have state tax withheld from your retired pay.



Effective February 10, 1976, members of the uniformed services are entitled to payment for 60 days lump sum leave during an entire career. Therefore, if you were appointed or reappointed to the NOAA Corps after the above date, had prior service, and were paid a lump sum for your leave from the prior service (this includes NOAA Corps service), you should verify the amount of leave, if any, you may receive compensation for.

Our records indicate that you have previously been paid for 0 days of leave and, therefore, can receive payment for a maximum of 60 days leave.

Additional instructions and information regarding your retirement will be provided upon a determination of your physical qualifications. If you have any questions at this time, please contact I (telephone number 301-713-3453, extension 125, at CPC.

#### Attachments

cc: OPF  
CPC1 (Raymond)  
CPCx4 (Slagle)  
CPC11 (Payroll)  
CG HRSIC (Ret Pay)  
N/CS (MacFarland)



**Section IV: DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY**

I hereby designate the following beneficiary(ies) to receive retired pay due and payable at my death. I am aware that under the provisions of 10 U.S.C. 2771 and 4 CFR Part 34, this designation will remain in effect unless canceled or changed by me.

<b>18a. Name</b> (Last, First, Middle Initial)	<b>18b. Relationship</b>	<b>18c. Address</b> (City, State & ZIP Code)	<b>18d. Telephone</b> (Including Area Code)	<b>18e. Share</b> (Total must equal 100%)
<b>a.</b>				
<b>b.</b>				
<b>c.</b>				
<b>d.</b>				

**Section V: CERTIFICATION DATA FOR PAYMENT OF RETIRED PERSONNEL** (must be completed)

"I ☐ have ☐ have not been convicted of any offense involving the National Security (5 U.S.C. 8312).

"I ☐ have ☐ have not failed or refused to testify before a Federal Grand Jury, Court of the United States, courts-martial, or congressional committee in connection with any matter endangering the National Security, or defense of the United States or any relationship I have or have not had with a foreign government (5 U.S.C. 8314).

"I ☐ have ☐ have not knowingly or willfully remained outside of the United States or its territories or possessions to avoid prosecution (5 U.S.C. 8313).

"I ☐ have ☐ have not knowingly or willfully made a false, fictitious, or fraudulent statement or representation, or knowingly and willfully concealed a material fact in an employment application for a civilian or military office or position in or under the Legislative, Executive, or the Judicial branch of Government of the United States or the government of the District of Columbia (5 U.S.C. 8315).

"I ☐ am ☐ am not employed by any foreign government, company, educational institution, or other concern which is controlled in whole or in part by a foreign government nor have I made application for such employment and I have not negotiated for such employment. I understand that before I accept such employment I must obtain advance approval from Commandant (G-PMP) and the Department of State.

I ☐ am ☐ am not drawing a pension, retired pay, or disability compensation from the Department of Veterans Affairs (VA), Civil Service Commission, or other Government agency nor have I made application for such benefits.

If you are drawing a VA or civil service pension, retired pay, or disability compensation, or have made application therefore, please provide the name and address of the agency and the monthly amount received (if any) in the space below.

Monthly Amount	Name and Address (Street, City, State and ZIP) of Agency
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<b>Section VI: SURVIVOR BENEFIT PLAN (SBP) ELECTION</b> (Complete all blocks)				
19. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>21. FOR Reserve Retiree Only</b> – Have you elected RCSBP (option B or C) prior to this date <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, ATTACH A COPY OF THE ELECTION FORM and skip to Section VIII</b> <b>IF NO or elected (option A), complete the remainder of Section VI &amp; VII</b>				
22. Beneficiary Category (ies) a <input type="checkbox"/> I elect coverage for spouse only. I <input type="checkbox"/> do <input type="checkbox"/> do not have dependent children. b <input type="checkbox"/> I elect coverage for spouse and child(ren). c <input type="checkbox"/> I elect coverage for child(ren) only. I do <input type="checkbox"/> do not <input type="checkbox"/> have a spouse. d <input type="checkbox"/> I elect coverage for the person named in block 45 who has an insurable interest in me. e <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse. f <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse and dependent child(ren) of that marriage g <input type="checkbox"/> I elect not to participate in SBP. (Blocks 24-27 must be completed even if no coverage elected)				
23. Level of coverage (do not complete if 22d or 22g was elected above) a <input type="checkbox"/> I elect coverage to be based on <b>FULL</b> gross retired pay. b <input type="checkbox"/> I elect coverage with a reduced base amount of \$ _____ (\$300 minimum base amount) c <input type="checkbox"/> I elect basic coverage based on full gross pay plus supplemental coverage of <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% By electing supplemental coverage, I understand that I waive my right to use the social security offset method of computing the SBP Annuity at age 62 and older.				
24. Spouse Name (Last, First, MI.)		25. Spouse SSN	26. Spouse Date of Birth	
27. Date of Marriage:				
List your dependent child(ren) (Designate which children resulted from marriage to former spouse, if any)				
28. Name (Last, First, Middle Initial.)	29. Relationship	30. Date of Birth	31. SSN	32. Disabled Child (Yes or No)
a.				
b.				
c.				
d.				
<b>Section VII: SBP SPOUSAL CONCURRENCE</b> (Required when member is married and DOES NOT ELECT FULL spousal coverage)				
I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I have signed this statement of my own free will.				
33. Spouse Signature				34. Date
35. Witness Name (Last, First, MI) (over 18 years old & not a member of your family)			36. Witness Signature	
37. Witness Address (Street, City, State, Zip Code, and Phone Number)				38. Date
<b>Former Spouse</b> (Complete <b>ONLY</b> if 22e or 22f was elected above)				
39. Name (Last, First, MI)	40. SSN	41. Address (Street, City, State and Zip Code)		
42. Date of divorce/dissolution of marriage	43. Date of Birth			
44. a <input type="checkbox"/> The election indicated above is being made pursuant to the requirements of court order <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> The election indicated above is being made pursuant to a written agreement I previously entered into voluntarily as part of or incident to a preceding of divorce, dissolution, or annulment <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> The written agreement has been incorporated in, or ratified or approved by a court order <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Insurable Interest</b> (Complete <b>ONLY</b> if 22d was elected above)				
45. Name (Last, First, MI)	46. SSN	47. Address (Street, City, State and Zip Code)		
48. Relationship	49. Date of Birth			



50. Date you first became a member of the Uniformed Services (see note below)	51. Date of current rank
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52. **PRIOR SERVICE BREAKDOWN** (FOR COAST GUARD ACTIVE DUTY OR NOAA PERSONNEL ONLY)

<p>53. Have you ever held a Rank/Rate higher than your current one?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>If yes, what rank did you hold?</p>	<p>When did you hold this rank?</p>
<p>54. Have you ever received severance, separation or readjustment pay from a military service in connection with separation or release from active duty?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>If yes, what amount did you receive?</p>	<p>When did you receive such payment?</p>

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements. (18 U.S.C. 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both)

55. Member' Name (last, first, middle initial)		56. Member's SSN
57. Member' Signature		58. Date
59. Witness Name (Last, First, MI) (over 18 years old & not a member of your family)	60. Witness Signature	
61. Witness Address (Street, City, State and Zip Code	62. Witness telephone number	63. Date

<b>Department of Transportation</b> U. S. Coast Guard CG HRSIC-7221 (Rev. Mar- 2000)		<h2 style="margin: 0;">Retired Allotment Authorization Form</h2>	
SSN	Name (Last, First, MI)	Rank/Rate	
<b>PURPOSE:</b> Use this form to start, stop, or change an allotment and to report a change of address to an allotment			
<b>Purpose of request:</b> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div><input type="checkbox"/> Start Allotment</div> <div><input type="checkbox"/> Stop Allotment</div> <div><input type="checkbox"/> Change Allotment</div> <div><input type="checkbox"/> Change of Allotment Address</div> <div><input type="checkbox"/> Savings Bond Request (See Reverse)</div> </div>			
Blanket Code (If known): Start Amount: Month of First Deduction:	Stop Amount: Month of Last Deduction:	(Applies to Stops & Changes) Enter allotment # from LES:	
<b>ALLOTMENT TYPE</b> Enter type of allotment from table on reverse of this form:			
<b>ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION</b> Complete if allotment is to be paid by EFT Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking <b>Allotee Name</b> (person/company who will receive allotment) <table border="1" style="display: inline-table; width: 200px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 200px; height: 20px; vertical-align: middle;"></table> <b>Routing Transit Number (RTN)</b> (can be obtained from the financial institution or found on the bottom of a check or deposit slip) <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> <input type="checkbox"/> Check Digit <b>Account Number</b> <table border="1" style="display: inline-table; width: 200px; height: 20px; vertical-align: middle;"></table> <b>Account Title</b> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> <div style="text-align: center; font-size: small;">(Account Holder's Name)</div> <b>Financial Institution Name</b> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>			
<b>Bond Allotment Request:</b> Fill out this portion to start, stop or change a bond. If you wish to change the amount, owner, co-owner, or beneficiary of an existing bond, you must stop the existing bond and start a new bond. (Note: Bonds less than \$100.00 face value are not authorized to be carried forward into retirement.) <b>Purpose of request:</b> <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change (Allotments Only) <input type="checkbox"/> Change of Address <b>Bond Face Value Amount (circle one)</b> \$100.00, \$200.00, \$500.00, or \$1000.00 <b>Series:</b> <input type="checkbox"/> "E" <input type="checkbox"/> "I" <b>Frequency of Bond Issuance (check one)</b> _____ Monthly     _____ Bi-Monthly     _____ Tri-Annual <b>Owner's Name:</b> _____ <span style="float: right;">SSN _____</span> <b>Co-Owner's Name:</b> _____ <span style="float: right;">SSN _____</span> <b>Beneficiary Name:</b> _____ <span style="float: right;">SSN _____</span>			
Note: Member may only select Co-Owner <b>OR</b> Beneficiary per bond.			

**Department of Transportation**  
U. S. Coast Guard  
CG HRSIC-3867 (03/01)

## CLAIM FOR FINAL RETIRED PAY

1. Name, Rank, and Social Security Number of Deceased Retiree

2. Date of Retiree's Death

3. Date of Claim

4. By signature below, I certify that all statements on this claim are true to the best of my knowledge, information and belief. I certify that no evidence to the settlement of this claim has been suppressed or withheld. I understand that any false statement on this claim, or any misrepresentation relative thereto, is a violation of the law punishable by fine of not more than \$10,000 or imprisonment of not more than 10 years or both (32 Statute 197; 18 U.S.C. 10).

IF SUBMITTING THIS CLAIM AS A SURVIVING SPOUSE I certify that I was married to the deceased at the time of death. Such marriage had not been dissolved prior to his/her death.

IF SUBMITTING THIS CLAIM AS LEGAL REPRESENTATIVE/EXECUTOR/ADMINISTRATOR I certify that I have been duly appointed in this capacity and such appointment is still in full force and effect. A court certificate evidencing my appointment is attached.

IF SUBMITTING THIS CLAIM AS THE PERSON PAYING THE FUNERAL EXPENSES I have attached a copy of the funeral bill.

Name and Social Security Number	Age	Relationship to Deceased	Address and Telephone Number	Signature
			( )	
			( )	
			( )	
			( )	

An application signed with an "X" must be witnessed (by two disinterested persons) or notarized or countersigned by the person holding power of attorney. A copy of the power of attorney and explanation why the applicant required assistance must also be submitted.

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
ADDRESS

( )

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

( )

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE

### PRIVACY ACT STATEMENT

- AUTHORITY:** 10 U.S.C. Section 2771.
- PURPOSE/USE:** To allow eligible claimants to apply for arrears of retired pay.
- DISCLOSURE:** Disclosure of this information is voluntary, but without disclosure, a beneficiary may not receive the final pay due the deceased retiree.

<b>APPLICATION FOR ANNUITY</b> <b>CERTAIN MILITARY SURVIVING SPOUSES</b> <i>(Please type or print information in ink)</i>			<i>Form Approved</i> <b>OMB No. 0704-0402</b> <i>Expires Nov 30, 2004</i>	
The public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0402), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.				
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS OF THE APPROPRIATE AGENCY ON BACK.</b>				
<b>PRIVACY ACT STATEMENT</b>				
<b>AUTHORITY:</b> Section 644, Public Law 105-85, November 18, 1997; Section 656, Public Law 106-65, October 5, 1999; and E.O. 9397. <b>PRINCIPAL PURPOSE(S):</b> To be used by a qualified surviving spouse to apply for an annuity for certain military surviving spouses. <b>ROUTINE USE(S):</b> None. <b>DISCLOSURE:</b> Voluntary; however, personal information requested on this form is used to determine whether an applicant meets the criteria established for entitlement and if so establishes an annuity account. Withholding requested information may hinder the verification process and/or cause difficulty in establishing a valid annuity account.				
<b>SECTION I - INFORMATION CONCERNING DECEASED MEMBER</b>				
<b>1. NAME OF DECEASED RETIREE</b> <i>(Last, First, Middle)</i>		<b>2. SOCIAL SECURITY NUMBER OR SERVICE NUMBER</b>		<b>3. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>
<b>SECTION II - ELIGIBILITY</b>				
Please answer the following questions to help determine your eligibility. Place an X to indicate the appropriate answer. Enter dates as YYYYMMDD. If you still wish to apply after completing this section, please complete Sections III through VI.				
<b>4. DID THE DECEASED MEMBER DIE BEFORE MARCH 21, 1974, OR IN THE CASE OF A RESERVE MEMBER, DIE BEFORE OCTOBER 1, 1978?</b> <input type="checkbox"/> <b>YES</b> Enter date of death: <input type="checkbox"/> <b>NO</b> If you marked "NO", YOU ARE NOT ELIGIBLE.				
<b>5. WAS THE MEMBER RETIRED, OR IN THE CASE OF A RESERVE MEMBER ELIGIBLE FOR RETIREMENT BY COMPLETING OVER 20 YEARS OF QUALIFYING SERVICE?</b> <input type="checkbox"/> <b>YES</b> Enter date retired, or in the case of a reserve member, date of retirement eligibility: <input type="checkbox"/> <b>NO</b> If you marked "NO", YOU ARE NOT ELIGIBLE.				
<b>6. WERE YOU LEGALLY MARRIED TO THE DECEASED AT THE TIME OF DEATH?</b> <input type="checkbox"/> <b>YES</b> Enter date of marriage: <input type="checkbox"/> <b>NO</b> If you marked "NO", YOU ARE NOT ELIGIBLE.				
<b>7. HAVE YOU EVER REMARRIED?</b> <input type="checkbox"/> <b>YES</b> Enter date of remarriage: <input type="checkbox"/> <b>NO</b> If you marked "YES", YOU ARE NOT ELIGIBLE.				
<b>8a. ARE YOU RECEIVING ANY OTHER MILITARY SURVIVOR ANNUITY OF ANY KIND ON THE RECORD OF THIS OR ANY OTHER DECEASED RETIREE?</b> <input type="checkbox"/> <b>YES</b> Enter monthly amount: <input type="checkbox"/> <b>NO</b>			<b>b. TYPE OF BENEFIT:</b> <input type="checkbox"/> <b>SBP</b> If you are receiving <b>SBP</b> or <b>MIW</b> , YOU ARE NOT ELIGIBLE. If you are receiving <b>DIC</b> , any payment under this annuity will be reduced by the <b>DIC</b> amount. <input type="checkbox"/> <b>MIW</b> <input type="checkbox"/> <b>DIC</b>	
<b>SECTION III - INFORMATION CONCERNING SURVIVING SPOUSE</b>				
<b>9. NAME</b> <i>(Last, First, Middle Initial)</i>		<b>10. SOCIAL SECURITY NUMBER</b>		<b>11. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>
<b>12. CITIZEN OF WHAT COUNTRY?</b>				
<b>13. ADDRESS</b> <i>(Street, Apartment Number, City, State, ZIP Code)</i>				<b>14. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>
<b>SECTION IV - ELECTRONIC FUNDS TRANSFER (EFT)</b>				
Complete the following section to authorize Electronic Funds Transfer (EFT) if you are found qualified for benefits. Instead of completing this section you may attach a voided personal check to authorize EFT.				
<b>15. ROUTING TRANSIT NUMBER (RTN)</b> <i>(9 digits)</i>		<b>16. ACCOUNT NUMBER</b>		<input type="checkbox"/> <b>CHECKING</b> <input type="checkbox"/> <b>SAVINGS</b>
<b>17. NAME(S) OF ACCOUNT HOLDER(S)</b>				
<b>18. FINANCIAL INSTITUTION</b>				
<b>a. NAME</b>				<b>b. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>
<b>c. ADDRESS</b> <i>(Street, Suite Number, City, State, ZIP Code)</i>				

<b>SECTION V - LEGAL REPRESENTATIVE INFORMATION</b> <i>(Court Appointed Guardian, Representative Payee, or Power of Attorney)</i>		
<b>19. HAS A LEGAL REPRESENTATIVE BEEN APPOINTED FOR THE PURPOSE OF RECEIVING THIS ANNUITY ON YOUR BEHALF?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>20. IF A LEGAL REPRESENTATIVE HAS NOT BEEN APPOINTED WILL ONE BE APPOINTED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>21a. NAME OF LEGAL REPRESENTATIVE</b> <i>(Last, First, Middle Initial)</i>  <b>c. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>		<b>b. ADDRESS OF LEGAL REPRESENTATIVE</b> <i>(Street (or P.O. Box), Suite Number, City, State, ZIP Code)</i>  
<b>SECTION VI - CERTIFICATION AND SIGNATURE</b> <i>(Must be signed)</i>		
<b>22a. APPLICANT/LEGAL REPRESENTATIVE'S SIGNATURE</b>		<b>b. DATE (YYYYMMDD)</b>
<b>23a. FIRST WITNESS OR NOTARY SIGNATURE</b>		<b>b. DATE (YYYYMMDD)</b>
<b>c. ADDRESS OF FIRST WITNESS</b> <i>(Include ZIP Code)</i>		
<b>24a. SECOND WITNESS SIGNATURE</b>		<b>b. DATE (YYYYMMDD)</b>
<b>c. ADDRESS OF SECOND WITNESS</b> <i>(Include ZIP Code)</i>		
<b>TRUTHFULNESS STATEMENT</b> <p>All statements made in this application must be true to the best of your knowledge. No evidence necessary to settlement of the claim or establishment of the annuity should be suppressed or withheld. <i>(U.S. Code, Title 18, Sec. 287, 1001, provides that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)</i></p>		
<b>WHERE TO REQUEST INFORMATION AND SEND YOUR APPLICATION</b> <p>Upon completion of this form, send it to the office listed below for the service of the deceased member. The following documents are needed to determine your eligibility. Please include them with your application.</p> <p>(1) A copy of a retirement order or copy of Notice of Retirement Eligibility or other official service document showing deceased member's retired status;</p> <p>(2) A copy of the deceased retiree's final DD Form 214 (Certificate of Discharge);</p> <p>(3) A certified true copy of the deceased retired member's death certificate; and</p> <p>(4) A certified true copy of your certificate of marriage to the deceased retired member.</p> <p>If you have questions or need help completing this application, please contact the office of the appropriate service below.</p> <p>If your spouse is a deceased retiree of the:</p> <p>U.S. ARMY - Contact the Retirement Services Office at your nearest Army installation. Mail completed form to: HQDA Army Retirement Services, Attn: DAPE-RSO, 200 Stovall St., Alexandria, VA 22332-0470.</p> <p>U.S. NAVY - Department of the Navy, Bureau of Naval Personnel, PERS-622, Retired Activities Branch, 5720 Integrity Dr., Millington, TN 38055-6220</p> <p>U.S. AIR FORCE - HQ AFPC/DPPTR, 550 C Street West, Suite 11, Randolph AFB, TX 78150-4713.</p> <p>U.S. MARINE CORPS - Manpower and Reserve Affairs (MMSR-6), 3280 Russell Road, Quantico, VA 22134-5103.</p> <p>U.S. COAST GUARD and NOAA - Commanding Officer (RAS), USCG Human Resources Service &amp; Information Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591.</p> <p>U.S. PUBLIC HEALTH SERVICE - Compensation Branch, 5600 Fishers Lane, Room 4-50, Rockville, MD 20857.</p>		
<b>SERVICE CERTIFICATION - FOR OFFICE USE ONLY</b>		
I certify that the above applicant is qualified for benefits under the Annuity for Certain Military Surviving Spouses and authorize payment.		
<b>25a. PRINTED NAME OF AUTHORIZING OFFICIAL</b> <i>(Last, First, Middle Initial)</i>		<b>b. TITLE</b>
<b>d. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>		<b>e. SIGNATURE</b>
		<b>f. DATE (YYYYMMDD)</b>

U.S. Department  
of Transportation

United States  
Coast Guard



Commandant  
United States Coast Guard

2100 Second St., S.W.  
Washington, DC 20593-0001  
Staff Symbol: G-WKW  
Phone: 202-267-8730  
FAX: 202-267-4474

1754

27 November 2001

From: Commandant  
To: Commanding Officer, U. S. Coast Guard Human Resources Service and Information Center (RAS)

Subj: TRANSITIONAL COMPENSATION FOR ABUSED VICTIMS  
, USCG (FORMER MEMBER)

1. We are forwarding enclosures (1) and (2) and recommend that transitional compensation be initiated immediately and retroactively for

2. Public Law 103-160 of 30 November 1993 enacted 10 U.S.C. 1058 providing transitional compensation for dependents of a Coast Guard member who is either convicted of or administratively separated because of a dependent abuse offense. Under 10 U.S.C. 1058 we are permitted to provide transitional compensation under one of the following conditions:

a. A Coast Guard member on active duty for more than 30 days is convicted of a dependent abuse offense and whose conviction results in the member being separated from active duty pursuant to a court-martial sentence; or forfeiting all pay and allowances pursuant to a court-martial sentence.

b. A Coast Guard member on active duty for more than 30 days is administratively separated from active duty in accordance with applicable regulations if the basis for the separation includes a dependent abuse offense.

3. Authorized dependents can receive payments of transitional compensation for the period defined by the following parameters:

a. Commencement: Payments are authorized from the date the member's commanding officer initiated action against him. In this case, action commenced on 19 September 2001.

b. Cessation: Payments are authorized for 36 months unless the member's unexpired enlistment was less than 36 months, then the duration of payment is the greater of the unexpired portion or 12 months.

4. was on active duty more than 30 days see enclosure (1). and was convicted by court-martial on 19 September 2001 of committing

Subj: TRANSITIONAL COMPENSATION FOR ABUSED VICTIMS OF  
USCG (FORMER MEMBER)

1754

27 November 2001

allowances, and a dishonorable discharge. The forfeiture of all pay and allowances was imposed on 4 October 2001.

5. [redacted] eligible for transitional compensation because she was married to [redacted] at the time of the offense and has not subsequently remarried; did not cohabitate with [redacted] and has not been convicted of being an active participant with her husband in the dependent-abuse of their child.

6. We recommend that [redacted] receive transitional compensation for the period from 19 September 2001 to 10 October 2002.

7. Please advise [redacted] of this determination and implement transitional compensation. If you have any questions or require additional information, my point of contact is Mrs. [redacted]

By *[Signature]* direction

Encl: (1) Application For Transitional Compensation  
(2) Report of Results of Trail

DEPARTMENT OF TRANSPORTATION  
US COAST GUARD  
CG HRSIC-1884 (Rev 03/01)

**APPLICATION FOR ANNUITY UNDER THE SURVIVOR BENEFIT PLAN (SBP),  
RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP), RETIRED  
SERVICEMAN'S FAMILY PROTECTION PLAN (RSFPP) AND/OR FINAL  
RETIRED PAY DUE**

**Privacy Act Statement**

Authority: Public Law 92-425/10 USC 2771.  
Purpose/Use: To establish and compute pay of annuitants and payment of final retired pay.  
Disclosure: Disclosure of this information is voluntary, but without disclosure, an annuity and/or final retired pay will not be paid.

**Part A – Information About The Deceased Member**

1. Name (Last, First, Middle Initial) 2. Social Security Number 3. Date of Death

**Part B -- Surviving Spouse/Former Spouse, Insurable Interest Information**

4. Name (Last, First, Middle Initial) 5. Social Security Number 6. Date of Birth

7. Telephone Number: 8. Correspondence Mailing Address (including zip/postal code): 9. What is your country of citizenship?  
( )

10. Were you legally married to the deceased at the time of death? ☐ Yes ☐ No

a. If yes, provide, Place of Marriage: b. Date of Marriage:

11. If former spouse, have you remarried? (If yes, provide place and date of remarriage) ☐ Yes ☐ No

a. Place of Remarriage: b. Date of Remarriage:

12. Are you receiving a survivor annuity on behalf of any other deceased military member? ☐ Yes ☐ No  
(If yes, provide deceased member's name, social security number, branch of service and monthly amount below)

a. Name of Deceased Member b. Social Security Number: c. Branch of Service: d. Amount:

**Part C -- Eligible Children of the Deceased Under the Age of 23 or Incapable of Self-Support**

13a. Name: 13f. Name, Address, Relationship and Telephone Number of Custodian

13b. Social Security Number: 13c. Date of Birth:

13d. Marital Status: 13e. Full-Time Student ?  
☐ Yes ☐ No

Relationship:  
( )

14a. Name:

14f. Name, Address, Relationship and Telephone Number of Custodian:

14b. Social Security Number: 14c. Date of Birth:

14d. Marital Status: 14e. Full-Time Student ?  
☐ Yes ☐ No

Relationship:  
( )

15a. Name:

15f. Name, Address, Relationship and Telephone Number of Custodian:

15b. Social Security Number: 15c. Date of Birth:

15d. Marital Status: 15e. Full-Time Student ?  
☐ Yes ☐ No

Relationship:  
( )

**Part D -- Guardian Information**

16. Has a guardian been appointed by a court for any of the named survivors in Part B or C? ☐ Yes ☐ No  
*If yes, provide a copy of the court order.*



**Part E -- Direct Deposit Information**

- 17a. ☐ Continue direct deposit to the same account used for member's retired pay. (Continue to Part F)
- 17b. ☐ Direct deposit account shown below. (Complete blocks 18 through 19b or attach a blank voided check)
18. Type of Account: ☐ Checking ☐ Savings
- 19a. Routing Transit Number (RTN) 

--	--	--	--	--	--	--	--

☐ Check Digit
- 19b. Account Number \_\_\_\_\_

**Part F -- Federal Income Tax Withholding Information**

20. ☐ I do not want any federal tax withheld from my annuity. (Continue to Part G)
21. Marital Status (check one): ☐ Single, ☐ Married or ☐ Married but withhold at higher single rate
22. Total No. of Exemptions Claimed \_\_\_\_\_ 23. Additional Withholding (optional) \$ \_\_\_\_\_

**Part G -- Affidavit and Signature**

24. I certify that all statements on this claim are true to the best of my knowledge, information, and belief. I certify that no evidence to the settlement of this claim has been suppressed or withheld. I understand that any false statement on this claim, or any misrepresentation relative thereto, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 10 years or both (32 Stat. 197; 18 U.S.C 10).
- I understand under the law, I cannot receive both a CG or NOAA Annuity and Dependency & Indemnity Compensation (DIC) in full amounts from the same retiree. I am only entitled to the amount of the CG or NOAA annuity that exceeds the DIC spouse payment. If any overpayments of CG or NOAA benefits occur, I authorize the Department of Veteran Affairs to repay the Coast Guard the Amount of the overpayment from the DIC payments to which I may become entitled.

24a. Date: \_\_\_\_\_ 24b. Signature of Applicant: \_\_\_\_\_

**WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE.**

An annuitant whose application is signed with an "X" must be witnessed (by two disinterested persons) or notarized or countersigned by the person holding power of attorney. A copy of the power of attorney and explanation why the annuitant required assistance must also be submitted

25. (PRINT) Witness Name (Last, First, MI)	25a. Witness Signature	
25b. Witness Address (Street, City, State and Zip Code)	25c. Witness telephone number (     )	25d. Date
26. (PRINT) Witness Name (Last, First, MI)	26a. Witness Signature	
26b. Witness Address (Street, City, State and Zip Code)	26c. Witness telephone number (     )	26d. Date

<b>APPLICATION FOR FORMER SPOUSE PAYMENTS FROM RETIRED PAY</b> <i>(Please read instructions on back and the Privacy Act Statement before completing this form.)</i>	<i>Form Approved</i> <i>OMB No. 0730-0008</i> <i>Expires Nov 30, 2004</i>
<small>The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0008), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>  <b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE SERVICE ADDRESS LISTED ON BACK.</b>	<b>FOR OFFICIAL USE</b>
<b>PRIVACY ACT STATEMENT</b>	
<b>AUTHORITY:</b> Title 10 USC 1408; EO 9397.	
<b>PRINCIPAL PURPOSE(S):</b> To request direct payment through a Uniformed Service designated agent of court ordered child support, alimony, or division of property to a former spouse from the retired pay of a Uniformed Service member.	
<b>ROUTINE USE(S):</b> In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. Section 552a(b)(3) as follows: Records are provided to the Internal Revenue Service for normal wage and tax withholding purposes. The "Blanket Routine Uses" published at the beginning of the DFAS compilation of systems of records notices also apply.	
<b>DISCLOSURE:</b> Voluntary; however, failure to provide requested information may delay or make impossible processing this direct payment request.	
<b>1. APPLICANT IDENTIFICATION</b>	<b>2. SERVICE MEMBER IDENTIFICATION</b>
<b>a. NAME</b> <i>(As appears on court order) (Last, First, Middle Initial)</i>	<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>
<b>b. CURRENT NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SOCIAL SECURITY NUMBER</b>
<b>c. SOCIAL SECURITY NUMBER</b>	<b>c. BRANCH OF SERVICE</b>
<b>d. ADDRESS</b> <i>(Street, City, State, ZIP Code)</i>	<b>d. ADDRESS</b> <i>(Street, City, State, ZIP Code) (If known)</i>
<b>3. REQUEST STATEMENT</b>	
<p>I request direct payment from the retired pay of the above named Uniformed Service member based on the enclosed court order.</p> <p>I request payment of:</p> <p>(1) Child support in the amount of \$ _____ per month.</p> <p>(2) Alimony, spousal support or maintenance in the amount of \$ _____, or _____ percent of disposable retired pay per month.</p> <p>(3) A division of property in the amount of \$ _____, or _____ percent of disposable retired pay per month.</p> <p>I certify that any request for current child and/or spousal support is not being collected under any other wage withholding or garnishment procedure authorized by statute. Furthermore, I certify that the court order has not been amended, superseded or set aside and is not subject to appeal. As a condition precedent to payment, I agree to refund all overpayments and that they are otherwise recoverable and subject to involuntary collection from me or my estate, and I will notify the appropriate agent (as listed on back) if the operative court order, upon which payment is based, is vacated, modified, or set aside. I also agree to notify the appropriate agent (as listed on back) of a change in eligibility for payments. This includes notice of my remarriage, if under the terms of the court order or the laws of the jurisdiction where it was issued, remarriage causes the payments to be reduced or terminated; or notice of a change in eligibility for child support payments by reason of the death, emancipation, adoption, or attainment of majority of a child whose support is provided through direct payments from retired pay. I hereby acknowledge that any payment to me must be paid from disposable retired pay as defined by the statute and implementing regulations.</p>	

<b>4. I HAVE ENCLOSED ALL PERTINENT DOCUMENTATION TO INCLUDE: (X as applicable)</b>									
a.	A copy of the operative court order and other accompanying documents that provide for payment of child support, alimony or a division of retired pay as property, containing a certification dated by the clerk of the court within 90 days preceding the date the application is received by the designated agent.								
b.	Evidence of the date(s) of my marriage to the member if the application is for the direct payment of a division of the member's disposable retired pay as property. Give <b>MARRIAGE DATE (YYYYMMDD)</b> in this block unless stated in court order.								
c.	If payment request includes child support, give name(s) and birth date(s) of child(ren):								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%; text-align: center;">(1) NAME OF CHILD (Last, First, Middle Initial)</th> <th style="width: 30%; text-align: center;">(2) DATE OF BIRTH (YYYYMMDD)</th> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	(1) NAME OF CHILD (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)						
(1) NAME OF CHILD (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)								
d.	Other information (please identify) or remarks.								
<b>5a. APPLICANT'S SIGNATURE</b>	<b>b. DATE SIGNED</b>								
<p style="text-align: center;"><b>INSTRUCTIONS FOR COMPLETION OF DD FORM 2293</b></p> <p><b>GENERAL.</b> These instructions govern an application for direct payment from retired pay of a Uniformed Service member in response to court ordered child support, alimony, or a division of property, under the authority of 10 USC 1408.</p> <p><b>SERVICE OF APPLICATION.</b> You may serve the application by mail on the appropriate Uniformed Service designated agent. The Uniformed Services' designated agents are:</p> <p>(1) <b>ARMY, NAVY, AIR FORCE, AND MARINE CORPS:</b> Attn: DFAS-CL/GAG, Assistant General Counsel for Garnishment Operations, DEFENSE FINANCE AND ACCOUNTING SERVICE - CLEVELAND, P.O. Box 998002, Cleveland, OH 44199-8002;</p> <p>(2) <b>COAST GUARD:</b> Commanding Officer (LGL), United States Coast Guard, Human Resources Service and Information Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591;</p> <p>(3) <b>PUBLIC HEALTH SERVICE:</b> Attn: Retired Pay Section, CB, Division of Commissioned Personnel, PUBLIC HEALTH SERVICE, Room 4-50, 5600 Fishers Lane, Rockville, MD 20857-0001;</p> <p>(4) <b>NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION:</b> Same as U.S. Coast Guard.</p> <p><b>IMPORTANT NOTE:</b> Making a false statement or claim against the United States Government is punishable. The penalty for willfully making a false claim or false statement is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both (18 USC 287 and 1001).</p>									
<p><b>ITEM 1.</b></p> <p>a. Enter full name as it appears on the court order.</p> <p>b. Enter current name if different than it appears on court order.</p> <p>c. Enter Social Security Number.</p> <p>d. Enter current address.</p> <p><b>ITEM 2.</b></p> <p>a. Enter former spouse's full name as it appears on the court order.</p> <p>b. Enter former spouse's Social Security Number.</p> <p>c. Enter former spouse's branch of service.</p> <p>d. Enter former spouse's current address, if known.</p> <p><b>ITEM 3.</b> Read the Request Statement carefully.</p>	<p><b>ITEM 4.</b> A certified copy of a court order can be obtained from the court that issued the court order. Other documents include, but are not limited to, final divorce decree, property settlement order, and any appellate court orders. If the court order does not state that the former spouse was married to the member for ten years or more while the member performed ten years creditable service and the request is for payment of a division of property, the applicant must provide evidence to substantiate the ten years' marriage condition. Additional evidence must show that the ten years' requirement has been met, including: Uniformed Service orders, marriage certificate, and other documents that establish the period of marriage. Other information or documents included with the request should be clearly identified by the document's title and date. Remarks may be provided to clarify specific points.</p> <p><b>ITEM 5.</b> Self-explanatory.</p>								